The Food I Could Not Simply Eat

A personal reflection on living with ARFID

By Maggie Learoyd | Space to Breathe Therapy

A note before you read

> *This is my lived experience. ARFID is different for every person, and my story is not intended to speak for everyone. I share it to help other people feel less alone and to encourage support that is curious, respectful and compassionate.*

Before I had the words

For much of my life, I did not have the language to explain my relationship with food. I only knew that eating did not feel simple, natural or safe in the way other people seemed to expect it to. What I now understand as Avoidant/Restrictive Food Intake Disorder—ARFID—began for me when I was around nine years old.

People often describe eating as an ordinary part of the day. For me, it could involve fear, sensory overwhelm, physical discomfort and a feeling that my body was refusing something even when my mind understood that I needed to eat. This was never about wanting to change my body or become thinner. It was not vanity, stubbornness or a diet. It was a genuine inability to manage many foods safely and consistently.

When I look back, I feel compassion for the child I was. She was not being difficult. She was trying to cope with sensations and reactions she could not explain. What she needed was curiosity, patience and someone willing to ask, ‘What is making this hard for you?’ rather than, ‘Why won’t you just eat?’

When eating became survival

My range of safe foods became very small. At different times, white toast and jam sandwiches were among the few things I could manage. Between the ages of twenty and thirty-seven, there were long periods when I ate very little. From the outside, a person may see a plate, a choice or a missed meal. From the inside, it can feel like being trapped between the need to nourish yourself and a nervous system that is sounding an alarm.

Safe foods were not ‘bad habits’. They were bridges. They helped me get through a meal, a day or a difficult period. Familiar texture, smell, temperature and appearance mattered. A tiny change that someone else might not notice could make a food suddenly impossible. Pressure did not make my world of food larger; it usually made it smaller.

There can also be shame. Eating is social, and difference becomes visible at family tables, celebrations, restaurants and workplaces. Questions may be meant kindly but can still leave a person feeling watched. When every mouthful is noticed, the table stops feeling like a place of connection and starts feeling like a test.

Understanding the whole picture

I was diagnosed as autistic and ADHD at fifty. That understanding allowed many parts of my life to fall into place. My sensory experiences, need for predictability, difficulty recognising or responding to body signals, and the exhaustion that comes with overwhelm were not separate from my eating. They were part of the same whole person.

ARFID does not look identical in everyone. For some people it is driven mainly by sensory differences. For others it follows a frightening experience such as choking, vomiting or an allergic reaction. Some people have very little interest in food or struggle to notice hunger. Many people experience a mixture of these things. Allergies, intolerances, reflux, digestive discomfort and previous experiences of being pressured can make the picture even more complicated.

This is why support must begin with listening. A list of foods does not tell you what eating costs someone emotionally, physically or sensorially. The most useful question is not simply, ‘What do you eat?’ It is, ‘What happens for you when you try?’

What did not help—and what did

Being told to ‘just try it’, having hunger used as a consequence, hiding foods, comparing portions or praising one person for eating what another cannot can deepen fear and mistrust. Even encouragement can feel like pressure when the person knows everyone is waiting for the next bite.

What helped was safety: being believed, having choice, knowing a familiar food would be available, and being allowed to move at a pace my nervous system could tolerate. It helped when progress was not measured only by swallowing a new food. Looking at it, having it nearby, learning about it, touching it, preparing it or tolerating its smell can all be meaningful steps.

Support also needs to respect nutritional and medical needs. Compassion does not mean ignoring risk. It means addressing risk without humiliation. A GP, dietitian or specialist eating-disorder service can help assess nutrition, physical health and appropriate treatment. The person should remain part of every decision rather than feeling that support is something being done to them.

The reflection I carry forward

Living with ARFID has shaped the way I work as a psychotherapist and coach. It has taught me that behaviour always has a context. What looks confusing from the outside may be a person's most intelligent attempt to stay safe. We cannot support someone well if we begin by fighting the strategy that has helped them survive.

I no longer view my younger self through the language of failure. I see resourcefulness. I see a child and later an adult managing without the understanding now available to me. I also recognise the grief in wondering how different those years might have felt if somebody had understood sooner.

Recovery and progress do not have to mean eating like everybody else. They can mean greater safety, adequate nourishment, less fear, more flexibility, better self-understanding and a life that is not organised entirely around avoiding distress. The destination must be individual, humane and realistic.

If you recognise yourself or someone you love in my words, please know this: you are not failing at something simple. Your experience deserves to be taken seriously. Start with safety. Start with curiosity. Start with one manageable step—and let that be enough for today.

A gentle reminder

This reflection is not medical advice. If restrictive eating is affecting your physical health, nutrition or daily life, please speak with a GP, registered dietitian or appropriate eating-disorder service. In an emergency, use local emergency services.

> *Until next time, give yourself space to breathe.*